

File Name: \_\_\_\_\_

File Number: \_\_\_\_\_

**RECORDS CHECK RELEASE**  
**(MAKE ADDITIONAL COPIES IF NEEDED)**

Please be informed that the Saginaw County Probate Court routinely completes conservator investigations as required by law. Pursuant to this requirement, it is the policy of this court to complete a Children's Protective Services Central Registry check and a criminal/driving history check. Please provide the following information regarding the proposed guardian/conservator.

**PRINT CLEARLY & Attach a copy of your driver's license and anyone 18 yrs or older.**

NAME: _____	NAME: _____
RACE: _____ GENDER: _____	RACE: _____ GENDER: _____
MAIDEN NAME/NAME PREVIOUSLY USED: _____	MAIDEN NAME/NAME PREVIOUSLY USED: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY #: _____	SOCIAL SECURITY #: _____
DRIVERS LICENSE #: _____	DRIVERS LICENSE #: _____
COMPLETE NAMES OF ALL OTHER CHILDREN AND ADULTS LIVING IN THE HOUSE _____ _____ _____ _____	COMPLETE NAMES OF ALL OTHER CHILDREN AND ADULTS LIVING IN THE HOUSE _____ _____ _____ _____

I authorize the Saginaw County Probate Court to request information from the Michigan Family Independence Agency or other human services agencies as may be appropriate and also authorize a criminal/driving history check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed guardian

\_\_\_\_\_  
Signature of other adult in household

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, zip

\_\_\_\_\_  
City, State, zip

✓ **THE PROBATE COURT WILL FAX  
CHILD PROTECTIVE SERVICES AT  
(989) 758-1476**

**DUE DATE:** \_\_\_\_\_

✓ **THE PROBATE COURT WILL FAX  
TO ADMINISTRATIVE DIVISION -  
COMMANDER AT THE  
SHERIFF'S DEPARTMENT  
(989) 790-5429**

**COMMENTS**